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2200 Renaissance Boulevard  
SUITE 200  
GULPH MILLS, PA 19406

DATE October 19, 2005

## TO:

Name: Commissioner for Patents

## From:

Name: Mary K. CameronLocation: Washington, DCLocation: Gulph Mills, PAFax No.: (571) 273-8300Fax No.: 610-278-6548

## FORMAL PAPERS

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Docket No. H 50017

SN: 10/660,030

Art Unit 1751

Confirmation No. 5806

## Enclosure:

1. Extension of Time - 1 page
2. Amendment - 10 pages
3. Fee Transmittal - 1 page

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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Effective on 12/8/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010).

## FEE TRANSMITTAL

### For FY 2005

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application Number	10/660,030
		Filing Date	09/11/2003
		First Named Inventor	Kathryn E. Foster
		Examiner Name	Gregory R. Delcotto
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 50		Art Unit	1751
		Attorney Docket No.	H 50017 HST

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- ☒ **Deposit Account** Deposit Account Number: 01-1250 Order No. 05-0514 Deposit Account Name: Henkel Corporation
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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- under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

**Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims**

21 - 20 or HP = 1 x 50 = 50 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** Extra Claims Fee (\$) Fee Paid (\$)

3 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).

**Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

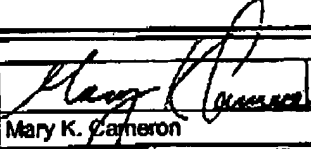
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. 33,789	Telephone 428-589-4672
Name (Print/Type)	Mary K. Cameron	(Attorney/Agent)	Date October 19, 2005

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